

**OFA
EYE CLINIC
REGISTRATION
SATURDAY MARCH 23,2019 ONLY
IN CONJUNCTION WITH
THE BATTLE RIVER CANINE ASSOCIATION**

OWNER_____

ADDRESS_____

PHONE NUMBER_____

E-MAIL ADDRESS_____

DOG'S REGISTERED NAME_____

BREED and COLOR_____

MALE/FEMALE_____SPAYED/NEUTERED_____

BIRTHDATE_____

TATTOO #_____

MICROCHIP #_____

REGISTRATION #_____

IS THIS DOG BEING SHOWN AT THIS SHOW? YES_____ NO_____

***** A PHOTOCOPY OF THE DOG'S REGISTRATION PAPERS MUST ACCOMPANY FORMS FOR
PRE-REGISTRATION – OR THEY WILL NOT BE ACCEPTED *****

Send **Cheques &** completed registration information to:
BATTLE RIVER CANINE ASSOCIATION
c/o Theresa McDermott, 6512 46 Ave, Camrose, AB, T4V 0E7
or

E transfers will be received by Al Nilson
Phone #(587) 989-7351 or email treasurer@battlerivercanine.ca

Registration papers (with e-transfers payments) email to Norma Jeanne Pohl
leithway@gmail.com